

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		2				
6		①				
7		①				
8						
9						
10						
11		1				
12		1				
13		2				
14		①				
15		①				
16		1				
17		①				
18		①				
19		①				
20		①				
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
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48						
49						
50						
TOTAL IND.	2	↓	↓	↓	↓	
TOTAL DEP.	18	←	←	←	←	
TOTAL CLAIMS	20					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓	↓	↓	↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						